

# minutes

## Board of Directors (in Public)

### Item 7

#### Minutes of the Meeting of the Board of Directors held on 26<sup>th</sup> January 2021 via MS Teams

<b>Present :</b>	Neil Large Jane Tomkinson Nicholas Brooks Bob Burgoyne Karen Edge Julian Farmer Mark Jones Hayley Kendall Karen O'Hagan Sue Pemberton Raphael Perry	Chair Chief Executive Non-Executive Director Non-Executive Director Chief Finance Officer Non-Executive Director / Deputy Chair Non-Executive Director Chief Operating Officer Non-Executive Director Director of Nursing and Quality Medical Director/Deputy Chief Executive
<b>In Attendance:</b>	Jonathan Develing Lucy Lavan Karen Nightingall Marga Perez-Casal Kate Warriner	Director of Strategic Partnerships Director of Corporate Affairs Chief People Officer Director of Research & Innovation Chief Digital and Information Officer
<b>Observers – Governors / Staff/ Members of the Public:</b>	Joan Burgen Tracey Cooper Peter Humphrey Alan Pemberton Dusty Rhodes Lindsey Van Der Westhuisen Trevor Wooding	Public Governor-North Wales Nuance Communications Public Governor-Merseyside Public Governor-Cheshire Public Governor-North Wales Public Governor-Cheshire  Senior Governor (Public – Merseyside)
<b>Apologies for absence:</b>		

Action

Chair's  
Initials

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## **1 Opening Matters**

The Board meeting was conducted via MS Teams and initial comments / questions from NEDs had been collated in advance of the meeting to aid the proceedings.

Governors and members of the public were also able to observe via MS Teams.

The Chair welcomed all those present to the meeting.

### **1.1 Apologies for Absence**

There were no apologies for absence.

### **1.2 Declaration of interests relating to agenda items**

All meeting participants were asked to declare any interests in respect of items listed on the agenda. All participants declared that they had no interests.

### **1.3 Chair's Briefing**

The Chair commented on the latest COVID-19 news and noted the very challenging times and prospect of a peak in hospital admissions in the region expected over the next two weeks. He paid tribute to the dedication of the staff and commended the phenomenal success of the vaccine rollout.

It was noted that following receipt of Bill McCarthy's letter dated 11.1.21, the Board agenda had been reviewed and as a result there were a greater number of 'starred' items than usual and also deferral of some routine items such as the patient story and staff story. The reprioritisation of work to release capacity would be discussed further at Item 5.1. Although more items were 'starred' Board colleagues could continue to raise questions as required. The 'parking lot' concept would continue to enable Board time to be prioritised to best effect.

## **2 Patient Safety and Quality**

### **2.1 Infection Prevention and Control**

#### **2.1.1 Infection Prevention and Control (IPC) Board Assurance Framework (BAF)**

The Medical Director took the Board through updates to the IPC BAF, noting that IPC protocols remained robust and had been strengthened further through the establishment of a 3pm daily call with ward and departmental managers to check on adherence to required standards and enabling any concerns to be quickly remedied. It was noted that the new disinfectant and cleaning regime that had been trialled in bathroom areas in December had now been adopted as routine practice.

In relation to ventilation in admission and waiting areas it was noted that no further action could be taken. The Trust did not have an A&E and therefore all waiting areas could be and were

carefully managed to ensure social distancing, use of face masks and provision of hand hygiene facilities.

The Board discussed the gaps in microbiology cover at LHCH due to increased demand at LUFT. A system of virtual microbiologist ward rounds, supported by the antibiotic pharmacists, had been put in place three times each week, together with the introduction of a Band 6 support role to strengthen the Trust's IPC Team.

The Board noted the report.

### **2.1.2 Update on Nosocomial Outbreaks**

The Board heard that there remained a single notifiable outbreak within the Trust but this was due to be closed down imminently.

The daily 10am infection prevention meetings with the senior nursing team along with the work of the testing teams had seen significant improvement.

It was noted that staff compliance with the reporting of lateral flow tests remained an issue but this continued to be monitored daily and feedback provided to managers.

### **2.1.3 Director of Infection Prevention and Control (DIPC) Quarter 3 Report**

The Medical Director presented the report and highlighted the surveillance data. The Board discussed the deep dive on patients with MSSA bacteraemia and the Medical Director advised that these were generally driven by chest infection and confirmed that all cannula lines were tested on removal and robust protocols in place for observation of cannula sites.

A patient review in relation to C-Difficile infection had identified some learnings and actions which were being overseen via the Surgical Division.

The Chair of the Quality Committee commented on the assurance received in relation to management of sepsis and continuation of excellent clinical outcomes and the Medical Director referred to the Trust's favourable position in the context of national benchmarking data from audits of mortality with acquired sepsis. It was noted that the early identification and subsequent management of sepsis was primarily an issue for emergency departments and as a result, general hospitals tended to see higher mortality rates linked to sepsis. The protocols were routine and well established within critical care units, including LHCH.

The Board noted the report.

## **2.2 Learning from Deaths Q3 Report**

The Medical Director presented the dashboard noting that there had been 49 deaths in the Trust during Quarter 3 and that 43

deaths had completed the mortality review process in this period. There were no deaths in patients with an identified learning disability and two deaths had been classified as greater than 50:50 chance of avoidability. It was confirmed that learning was sought from all mortality reviews, not only those classified as greater than 50:50 chance of avoidability.

It was noted that COVID-related deaths were not measured specifically within the dashboard, but the Medical Director advised during Quarter 3, seven deaths had been related to nosocomial infection.

The Trust continued to comply with national guidance and actions from the Mortality Review Group (MRG) process were being taken forward by the Divisions.

The Board noted the report.

**2.3\***

***Mental Health Services and Managing Delirium***

The Board noted the report.

A discussion followed in relation to the recording of incidents involving delirium. The Director of Nursing & Quality advised that all such incidents were reported via DATIX and added that the safeguarding team routinely saw all patients with delirium and responded on a daily basis to any issues raised at the safety huddle. There were robust processes in place for management of delirium and protocols for seeking expert advice where needed.

The Director of Strategic Partnerships noted that he was exploring ways to develop the EPR to capture delirium as an indicator that would enable the use of a delirium dashboard to highlight key issues and trends.

**2.4\***

***LHCH Monthly Staffing Report for Periods: November 2020 and December 2020\****

The Board noted the report.

**2.5\***

***Guardian of Safe Working Q3 Exception Report\****

The Board noted the report.

A discussion followed on the impact of the COVID-19 epidemic on medical training. The Medical Director advised that this was mixed – whilst trainees in critical care were receiving significant training, there was less opportunity in surgery and other specialties. It had been agreed with the Deanery that training roles could be repurposed and that if there was insufficient coverage of certain parts of the curriculum then a non-punitive extension would be granted where necessary.

It was noted that feedback from trainees had been mixed due to the prevailing circumstances but there had been far less simple and routine surgical cases scheduled due to the reprioritisation of

clinical activity, and therefore opportunity for learning from such caseload was limited.

The Director of Research & Innovation outlined the progress in development of a single repository for educational tools and webinar tutorials that would support ease of access to knowledge and theory based training.

**2.6\* Deprivation of Liberty (DoLs) Quarter 3 Report\***

The Board noted the report.

**3 Strategy and Development**

**3.1 LHCH Response to NHS People Plan**

The Board received the draft People plan for 2021, developed from the national NHS People Plan.

The Board discussed the alignment of the plan with the Trust's 5 year strategic plan and noted that a longer term workforce strategy spanning the 5 year timeframe of 'Patients, Partnerships and Populations' was under development.

The Chief People Officer advised on the communications strategy that would ensure the People Plan was visible to staff and its priorities reflected in individual objective-setting and appraisal processes.

The Chief Executive welcomed the timing of the launch of the plan which coincided with the third wave of the pandemic and set out stretching targets which had real focus in inclusivity and staff experience. She noted that some priorities may need to be brought forward in light of the prevailing circumstances and noted the importance of embedding within personal objectives.

The People Plan 2021 was approved and processes for ongoing reporting of progress supported.

**4 Targets and Financial Performance**

**4.1 Board Dashboard period ended 31<sup>st</sup> December 2020**

The Chief Operating Officer presented the performance dashboard and highlighted non-compliance with access targets at the end of December, due to the COVID pandemic. The 6 week diagnostic target stood at 75% in line with the improvement trajectory, but below the national target of 99%. Referral to treatment (RTT) times continued to be below target due to the significant backlog accumulated during the first surge in COVID admissions to hospitals which had required the suspension of elective activity. At 31<sup>st</sup> December 2020, performance stood at 74.7% for English commissioned activity and 76.4% for Welsh commissioned activity. Recovery of elective work would be significantly hampered with a third surge in hospital admissions continuing into Quarter 4. Cancer performance remained strong with access targets achieved.

There were 58 patients waiting longer than 52 weeks at the end of December, and the Board noted a typographical error within the paper which referred erroneously to the position at the end of October (this should read 'December'). Long-waiters were expected to increase as elective activity was again stood down in February, but clinical reviews of patients waiting would continue to mitigate the risk of harm arising from the delays.

The Board noted that sickness absence was above target at 5.1% but this position was strong in comparison to absence levels experienced across the region and wider NHS.

Delayed transfers due to operational pressures within the community services continued to present a challenge and proactive work with partners was ongoing to secure timely care packages.

There had been improved performance in relation to VTE risk assessments and all MSSA bacteraemias had been investigated and reported via the Director of Infection Prevention and Control.

The Board noted a data quality error on the performance dashboard relating to dementia KPIs – for find, assess and refer. The in-month data was incorrect and the Board was advised that in October the Trust had achieved 80% compliance with assessment for dementia and 100% of patients with a positive assessment had received appropriate referral.

The Board noted the financial position of breakeven to 31<sup>st</sup> December 2020 and strong cash position arising from pre-payments by commissioners to support COVID related costs.

The Chair summarised that overall performance was good in the context of prevailing circumstances; however long waiters and the elective backlog was of most significant concern and would remain the key focus for recovery as soon as the current surge had eased.

The Board noted the report.

5

5.1

## **Governance and Assurance**

### **Re-prioritisation of Workload during Third Surge of Coronavirus Pandemic**

The Director of Corporate Affairs referred to the paper she had presented to the Board in May 2020 setting out the governance arrangements in support of the national response to the COVID pandemic. This included recommendations for the reprioritisation of work to reduce the burden and release capacity and was supported by the Board. Over the summer months, the attention had turned towards recovery and reset.

Following this, a second surge of the virus emerged in the Autumn, followed by a significant third surge in January 2021, exacerbated by the emergence of the new mutation and greater

speed of transmission. On 11<sup>th</sup> January 2021, Bill McCarthy, Regional Director wrote to Trusts instructing again that workload must be reprioritised to focus on five key priorities that would save lives.

The paper presented to the Board set out the proposals to support the release of capacity to respond again to the crisis situation. The measures had previously been socialised with the Board via weekly calls and would be in place for seven weeks, with review at the end of February 2021.

The Board discussed the arrangements and concurred that these represented a pragmatic approach whilst ensuring robust governance to underpin agile and effective decision making.

The recommendations were supported.

## **5.2 Consultant Appointments**

The Board ratified the following consultant appointment:

- Dr Liam Mullen – Consultant Cardiologist

## **5.3 Ratification of Use of Trust Seal-for approval**

The Board ratified retrospectively, the application of the Trust seal on 13<sup>th</sup> January 2021 to documentation concerning a Deed of Novation as described in the Board paper.

## **5.4\* COVID-19 Recovery and Re-set Programme Management Report**

The Board received the report, noting that the programme management work would now cease given that the recovery and re-set work streams were 70% complete, with many changes and benefits now embedded as business as usual. The remaining programmes would be flexed when the post-surge recovery phase resumed; but the requirement for formal project management was no longer needed.

The Board accepted the closure report.

## **5.5\* Report of Freedom to Speak Up Guardian (FTSUG) Q3 Report**

The Director of Corporate Affairs advised that unusually the FTSUG report was a starred item. Peris Widdows, FTSUG, would normally be in attendance but had been redeployed from the Research Nurse part of her role and was rostered to work on Cedar Ward, as part of the pandemic response, and was therefore unable to join the Board. Instead arrangements had been made for the FTSUG to meet with Mark Jones, NED FTSU lead and the Director of Corporate Affairs (/ FTSU Exec Lead) via MS Teams to discuss the detail of the report.

The Director of Corporate Affairs commented that she had participated in a recent meeting with Tier 1 doctors after they had spoken out and that a thorough action plan was now in place being led by Dr James Greenwood.

She added that a general theme from staff on FTSU walkrounds related to ward moves and redeployment but it was generally recognised that this was unavoidable to meet the needs of patients and regular re-designation of wards and beds to enable the safe cohorting of patients according to COVID status.

There was a comprehensive package of measures in place to support staff wellbeing and this was regularly reviewed and communicated.

In relation to FTSU process, the Board heard that a regular meeting had been scheduled between the Chief People Officer, Director of Corporate Affairs, FTSUG and HR Business Partner to triangulate employee relations and FTSU concerns and ensure that all guidelines surrounding Improving People Practices were being followed.

The FTSU summit had again been paused and it was likely that this would now be disbanded and the triangulation of FTSU issues with other safety indicators picked up via the safety surveillance process.

The Board noted the report and update on governance arrangements surrounding FTSU.

**5.6\*      *Medical Revalidation Annual Report***  
The Board noted the report.

**6      Board Assurance**

**6.1      BAF Key Issues Reports and Approved Minutes of Assurance Committee Meetings:**

**6.1.1      Audit Committee: BAF Key Issues and Approved Minutes for meeting held on 19<sup>th</sup> October 2020**

The Chair of the Audit Committee highlighted the good progress with cyber security and demonstration by the Digital Team of an excellent Data Quality App. The risk KPI report was discussed and it was noted that the risk management strategy and associated KPIs would benefit from review and refresh in the near future.

The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Audit Committee meeting held on the 19<sup>th</sup> October 2020.

**6.1.2      Quality Committee: BAF Key Issues and Approved Minutes for meetings held on 6<sup>th</sup> October 2020**

The Chair of the Quality Committee highlighted the Committee's concerns about ambulance response to PPCI and delays impacting upon call to balloon times, advising that there was to be a deep dive into the numbers and impact of delays. The Committee had also focused on incidence of delirium and learning from mortality reviews.



The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Quality Committee meeting held on the 6<sup>th</sup> October 2020.

**6.1.3**

**People Committee:**

**Terms of Reference for approval**

The Chair of the People Committee set out the reasons for expansion of the Committee's remit and work plan. The Board considered the proposed changes to the People Committee Terms of Reference, as listed in the paper, and these were approved. The Corporate Governance Manual would be updated accordingly.

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**BAF Key Issues and Approved Minutes for meetings held on 8<sup>th</sup> September 2020**

The Board noted the BAF key issues report.

The Board received and noted the approved minutes of the Integrated Performance Committee meeting held on the 8<sup>th</sup> September 2020.

**7**

**Minutes of the Board of Directors meeting held (in public) on 24<sup>th</sup> November 2020**

The minutes of the meeting of the Board of Directors held on 24<sup>th</sup> November 2020 (in public) were reviewed for accuracy and approved by the Board.

**8**

**Action Log from Previous Meeting**

The action log was reviewed and updated as follows:

Actions 1 and 3 - completed and closed

Action 4 – plan to review as part of 2020/21 dataset and dashboard - noted and action closed.

All actions not listed above would carry forward per designated review dates.

**9**

**Legality of Board Documentation and Decisions**

Board members confirmed that the conduct of the meeting and decisions made by the Board, to the best of their knowledge, complied with the law. Board members confirmed they were satisfied with the format of the meeting.

**10**

**Date and Time of Next Meeting:**

Tuesday 30<sup>th</sup> March 2021, 10.00 hours

**12**

**Resolution to exclude the Public**

The Board resolved to exclude the public at this point by reason of the private nature of business to follow.

The Chair thanked Board colleagues and Governors (observing), for their attendance.

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